



Dear Applicant,

Attached is the City of Scottsdale Transaction Privilege (Sales) and Use Tax license application you have requested. The annual license application fee is \$12.00. If your application is approved, you will receive a billing for the annual license fee. A license will be issued upon receipt of payment. Below is the fee schedule:

Business Start Date	License Year	Delinquent License Fee
January – March 31	\$50.00	\$75.00
April 1 – June 30	\$37.50	\$56.25
July 1 – September 30	\$25.00	\$37.50
October 1 – December 31	\$12.50	\$18.75

Vendors who will be conducting business for less than 30 days may apply for a non-permanent location license, which requires a \$25.00 application fee. After the application fee is paid, the license will be valid for a period of 30 consecutive days, effective from the start date of the scheduled event.

Please complete the application and return with the appropriate application fee to the City of Scottsdale, Tax and License Registration office. Please check the box to indicate which type of application (permanent or temporary) and return with the application fee at least **1 month prior** to the scheduled event or the start date of business. Please make your check payable to: City of Scottsdale. Mail your completed application to:

City of Scottsdale
P.O. Box 1586
Scottsdale, AZ 85252-1586

If you have any questions, please contact the Tax and License Registration office at (480) 312-2400 or visit our website: www.ci.scottsdale.az.us

LICENSE APPLICATION
TRANSACTION PRIVILEGE (SALES) TAX

make check payable to: City of Scottsdale



Customer Service
Office Locations - 7447 E. Indian School Road #110
Scottsdale, AZ 85251
or
9379 E. San Salvador Drive #100
Scottsdale, AZ 85258
Fax - (480) 312-4806
Telephone - (480) 312-2400

PC - 1064

IN OUT

Check one:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Check one:	<input type="checkbox"/> New Business in Scottsdale	<input type="checkbox"/> New Owner of Existing Business
Check one:	<input type="checkbox"/> Name Change Only	<input type="checkbox"/> Update
Check one:	<input type="checkbox"/> Location Change	

Former Owner (if applicable)	Previous City License #
Current City License #	Date of Change

For Office Use Only
App. Fee
License #
SIC Code
Filing Freq.
Account #
Initials
Zoning
Approved
Denied
Comments

SECTION I. BUSINESS INFORMATION

Business Name (Individual, Company or "DBA", (first name first)

Street No. (N,E,S,W)	Street Name	Type	Ste/Apt #
City	State	Zip Code + 4	Area Code
City Start Date	E-mail address	Business Telephone #	
	State License #	Federal ID #	

SECTION II. MAILING ADDRESS & PHONE NUMBER

Applicant Name (Individual, Partnership, Corporation or LLC)

Street No. (N,E,S,W)	Street Name	Type	Ste/Apt #
City	State	Zip Code	Area Code
		Emergency Telephone #	

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership ☐ Individual ☐ LLC ☐ Corp. - State Inc. ☐ Gen. Partnership ☐ Ltd. Partnership ☐ Other

Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	1) Name	Title		
	Home Address	Social Security #		
	City	State	ZIP Code	Phone No. ()
	2) Name	Title		
	Home Address	Social Security #		
	City	State	ZIP Code	Phone No. ()

Corporate or LLC Statutory Agent	Name	Phone No. ()
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Location Where Business Records Are Kept	Name	Phone No. ()		
	Address	City	State	ZIP Code

SECTION IV. BUSINESS TYPE

Business Type	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Amusement	<input type="checkbox"/> Construction Contracting	<input type="checkbox"/> Use Tax	<input type="checkbox"/> Restaurant/Bar
Check All That Apply	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Commercial Rental	<input type="checkbox"/> Residential Rental (# of Units)	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Other	

Describe Nature of Business	Contractors #
Check method you will use in submitting reports: <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual	# of Employees

SECTION V. BUSINESS PREMISES STATUS

Check one:	Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, complete Landlord/Property Manager Information		
	Landlord/Property Manager Name	Address	Phone # ()
	Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER, BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

Print Name	Signature (Owner, Partner or Officer)	Title	Date
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